## NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)



NAME Charles E. Chimock  MAILING ADDRESS 2408 Roxbury W-/ CITY, STATE, ZIP C 2500 C+4 100 89703  TELEPHONE (775) 888-9695  LENGTH OF RESIDENCE IN NEVADA 47  LENGTH OF RESIDENCE IN NEVADA 47  LENGTH OF RESIDENCE IN NEVADA 47  VOTE [per NRS 281.571(1)(a)] 12 4 6 ACJ  E-MAIL C C Chimock @ 201.	· · · · · · · · · · · · · · · · · · ·
List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:  ANNUAL all elected and appointed public officers (no later than Jan. 15 each year)  Public Office  Public Office  Elected (E) or Annual Term or Appointed (A) Compensation Date Appointed 281.581(1)(b)  Executive Director  A \$ 1/5, 700 07/08/02  Petive 20410106	than to fill unexpired term day of an elected or st day appointed public as a officer te) (within 30 days) NRS
List all general sources of income for you and members of your household over 18 years of age [NRS 281.5]  State of Neurolz vetirement - DER)  State of Neurolz to order log  State of Heurolz retirement since order (PERS)  U. S. Trensur-1 - Civil Suc Natural since order lob  U. S. Air Force Retirement	71, Subsection 1(b)]:  Self Household Member  D D D D D D D D D D D D D D D D D D D
List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt sec or deed of trust on real property which is not required to be listed below, and (2) debt for which a security is vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:	nterest in a motor  Self Household Member
Class Rack	
Character Character Character Character Financia I CCC	

involved as a trustee, beneficiary of a trace a class of stock or security representing [NRS 281.571, Subsection 1(f)]:			
(7)			Self Household Member
Nune			
	V		
		· · · · · · · · · · · · · · · · · · ·	
List specific location and particular use your household has a legal or beneficia			
state or an adjacent state [NRS 281.571, S	Subsection 1(c)]:		• •
734 S. Acrobate Blod	tion Graden City	Parti	icular Use >-
	NT 84028		
List the identity of donor and value of e	each gift received in excess	of an aggregate value of \$2	00 from a donor
during the preceding taxable year [exce	ept (1) a gift received from a	a person who is related to yo	u within the third degree of
consanguinity or affinity; and (2) ceremo occasion if the donor does not have a su			
[NRS 281.571, Subsection 1(e)]:	abstantial interest in your leg	gisiauve, auriinisuauve, or poi	intical actions
Nove	Donor		Value of Gift
			<b>\$</b>
			\$
			\$
THE INFORMATION I HAVE PROVIDE	D HEREIN IS ACCURATE	AND COMPLETE.	
	$\bigcap$	0 - 0	
Date: 1   w   07		UGUL, 1	
Date: V ( V V - V	Signature.		

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is